2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P04000045681

Entity Name: SUNCOAST OBSTETRICS & GYNECOLOGY, PA

Current Principal Place of Business:

730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

582 SE 7TH AVE
CRYSTAL RIVER, FL 34429

Current Mailing Address:

PO BOX 1117
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-0901238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDRICK, SCOTT MD
730 SE 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

REDRICK, SCOTT J MD
582 SE 7TH AVE
CRYSTAL RIVER, FL 34429 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOTT J REDRICK,MD 03/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REDRICK, SCOTT MD
Address: 730 SE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: REDRICK, SCOTT J MD
Address: 582 SE 7TH AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J REDRICK, MD P 03/28/2006
Electronic Signature of Signing Officer or Director Date